

Message Text

PAGE 01 STATE 045776

73

ORIGIN EPA-04

INFO OCT-01 EUR-12 ISO-00 FEA-01 ACDA-10 CEQ-01 CIAE-00

DOT-00 HEW-06 HUD-02 INR-07 INT-05 L-02 NSAE-00

NSC-05 NSF-02 OIC-02 PA-02 PM-03 PRS-01 SAJ-01 OES-05

SP-02 SS-15 TRSE-00 USIA-15 /104 R

66617

DRAFTED BY: EPA/(CCMS); AEPALOLOGOS

APPROVED BY: EUR/RPM:DTELLEEN

EUR/RPM:ESCAMPBELL

----- 102828

P R 282046Z FEB 75

FM SECSTATE WASHDC

TO AMEMBASSY BONN PRIORITY

INFO USMISSION NATO

UNCLAS STATE 045776

E.O. 11652: N/A

TAGS: CCMS, SENV

SUBJECT: CCMS: ADVANCED HEALTH CARE, U.S. PROPOSED CONCLUSIONS
AND RECOMMENDATIONS FOR AMBULATORY HEALTH SERVICES

EMBASSY PLEASE PASS TO F. ALLEN HARRIS (ARRIVES IN BONN
MARCH 3)

1. FOLLOWING IS THE TEXT OF U.S. PROPOSED CONCLUSIONS AND
RECOMMENDATIONS AS CLEARED BY VOGEL, FISCHER, EGEBERG:

IV. PROPOSED CONCLUSIONS AND RECOMMENDATIONS

A. CONCLUSIONS

THE INFORMATION ASSEMBLED DURING THE PILOT STUDY SHOWS
THAT NATIONAL HEALTH SYSTEMS, REGARDLESS OF IDENTICAL HEALTH
POLICY OBJECTIVES, ARE VERY DIFFERENTLY STRUCTURED AND, IN
UNCLASSIFIED

PAGE 02 STATE 045776

ADDITION, ARE BASED ON VARYING PRINCIPLES AND SCHEMES FOR THE
SOCIAL WELFARE OF THE CITIZEN IN THE WESTERN WORLD. THE
RECOGNITION OF THIS IS OF PARTICULAR VALUE IN RECOMMENDING
CONTINUING INTERNATIONAL ACTION IN THE PROJECT'S AREA.

EVEN THOUGH DUE TO DIFFERENCES IN NATIONAL SYSTEMS, IT
IT HARDLY POSSIBLE TO MAKE GENERALLY VALID RECOMMENDATIONS,
MUCH CAN BE LEARNED FROM A COMPARISON OF THE INDIVIDUAL
SYSTEMS WHICH CAN BE UTILIZED IN PLANNING AND IMPROVING
ORGANIZED AMBULATORY HEALTH SERVICES WITHIN EACH PAR-
TICIPATING COUNTRY. THE PROJECT GROUP CONSIDERS THE ADOPTION
AND THE EFFECTIVE IMPLEMENTATION OF SUCH RECOMMENDATIONS
AN IMPORTANT TASK OF VALUE TO ALL MEMBER COUNTRIES. THE
RECOMMENDATIONS ARE RESTRICTED TO VERY SPECIFIC AREAS AND
SELECTED PROBLEMS, THE COOPERATION IN WHICH SHOULD BE LEFT
TO THE DISCRETION OF INTERESTED MEMBER STATES.

THE PROJECT GROUP WOULD LIKE TO DRAW THE ATTENTION OF
ALL NATIONS TO SOME BASIC PRINCIPLES AND CONCLUSIONS WHICH,
IN THEIR OPINION, APPLY TO ALL SYSTEMS AND WHICH RESULTED FROM
THE WORK OF THE PILOT STUDY:

1. CAREFUL AND COMPREHENSIVE PLANNING OF ALL HEALTH
CARE FACILITIES IS REQUIRED NOT ONLY IN VIEW OF THE
RISING COSTS OF HEALTH SERVICES AND THEIR STEADILY
INCREASING SHARE OF EACH NATION'S GROSS NATIONAL
PRODUCT, BUT ALSO WITH REGARD TO THE RIGHT OF THE CITIZEN
TO EQUALITY OF SERVICES -- REGARDLESS OF HIS SOCIAL
STATUS AND PLACE OF RESIDENCE -- AND ALL THIS AGAINST A
BACKGROUND OF GROWING DEMANDS UPON MEDICAL AND SOCIAL
SERVICES. ONLY IF THE PLANNING PREREQUITITE IS COMPLIED
WITH CAN AN OPTIMUM SUPPLY OF HEALTH SERVICES BE ENSURED.

2. HEALTH CARE PLANNING SHOULD BE CLOSELY COORDINATED
WITH THE OVERALL PLANNING OF THE COUNTRY CONCERNED AND,
IN PARTICULAR, WITH SOCIAL PLANNING. PLANNING SHOULD TAKE
INTO CONSIDERATION SUFFICIENTLY LARGE SUPPLY ZONES AS
PLANNING UNITS, AND SHOULD BE LINKED TO THE NATIONAL
ADMINISTRATIVE STRUCTURE WHICH, IN SOME COUNTRIES, IS
ALSO BEING REORGANIZED.

UNCLASSIFIED

PAGE 03 STATE 045776

3. AT PRESENT, THE PROVISION OF HEALTH CARE IN
RURAL AREAS, IN THE OUTSKIRTS OF TOWNS, AND AT CERTAIN
TIMES (DURING THE NIGHT, WEEKEND, HOLIDAY SEASON) CON-
STITUTES, IN MANY COUNTRIES, AN ACTUALLY URGENT PROBLEM,
THE SOLUTION OF WHICH HIGH PRIORITY SHOULD BE ACCORDED
BY RESPONSIBLE NATIONAL BODIES.

4. IN THE INTEREST OF SATISFACTORY CONTINUITY OF
CARE FOR THE INDIVIDUAL CITIZEN, A STRONGER LINKAGE
WITH AND MUTUAL INTERLOCKING OF THE INDIVIDUAL
SYSTEM COMPONENTS OF HEALTH CARE - AMBULATORY CARE,
HOSPITAL CARE AND PUBLIC HEALTH SERVICES - ARE INDIS-
PENSABLE.

5. THE CHANGING SOCIO-BIOLOGICAL STRUCTURE IN THE MEMBER COUNTRIES, AS WELL AS THE MODIFIED MORBIDITY PATTERN WITH MORE CHRONIC AND DEGENERATIVE DISEASES AND WITH AN INCREASING PROPORTION OF MENTAL DISORDERS ALSO NECESSITATE THE FOREGOING MEASURES. SOME COUNTRIES HAVE RECENTLY DEVELOPED THE COMPONENTS OF HEALTH CARE INTO INTEGRATED SYSTEMS OF COMPREHENSIVE HEALTH CARE. OTHER COUNTRIES WILL SERIOUSLY HAVE TO EXAMINE THIS PROBLEM. IN THIS CONTEXT, THE DEVELOPMENT AND OPTIMIZATION OF AMBULATORY HEALTH CARE, NEW FORMS OF ITS ORGANIZATION AND PERTINENT NEW METHODS WILL BE OF DECISIVE IMPORTANCE. ALSO THE ESSENTIAL TASKS OF HEALTH CARE - PREVENTIVE, CURATIVE AND REHABILITATIVE TASKS - REQUIRE BETTER BALANCING AND INTEGRATION WITH EACH OTHER. FOR THIS PURPOSE, IN PRIORITY PLANNING, MORE IMPORTANCE SHOULD BE ASSIGNED TO THE TASKS OF PREVENTION AND REHABILITATION.

6. AUTOMATION, MECHANIZATION AND COMPUTERIZATION OF MEDICINE SHOULD UNDER NO CIRCUMSTANCES LEAD TO NEGLECT OF THE INCREASING NEED OF THE PATIENT IN OUR SOCIETY FOR HUMAN CONTACT AND PARTNERSHIP WITH HIS PHYSICIAN AND WITH THE OTHER HEALTH PROFESSIONS. THEREFORE, GREAT IMPORTANCE HAS TO BE ATTACHED TO THE GENERAL PRACTITIONER, HIS POSSIBILITIES OF WORK AND HIS QUALIFICATIONS. IT WILL BE NECESSARY TO STRENGTHEN HIS FUNCTIONS AND PROVIDE HIM ACCESS TO MODERN MEDICO-TECHNOLOGICAL PROGRESS WITHOUT HOWEVER PLACING ADDITIONAL UNCLASSIFIED

PAGE 04 STATE 045776

BURDENS UPON HIM. FURTHERMORE, HIS EDUCATION AND CONTINUED TRAINING NEED TO BE IMPROVED.

7. THE GAP BETWEEN INCREASING DEMANDS UPON HEALTH SERVICES AND THE FACT OF THE SHORTAGE OF PROFESSIONAL PERSONNEL, IS BECOMING MORE SERIOUS AND WILL ALSO CATEGORICALLY ENFORCE RATIONALIZATION. TO ENABLE THE GENERAL PRACTITIONER, THE SPECIALIST, AND THE PHYSICIAN IN THE HOSPITAL AND IN THE PUBLIC HEALTH SERVICE TO CONCENTRATE MORE UPON MAKING THEIR OWN DECISIONS WHICH WOULD CORRESPOND TO THEIR TRAINING AND THEIR EXPERIENCE, SEVERAL COUNTRIES ARE INVESTIGATING WHETHER THE ROLE OF THE PHYSICIAN ON THE ONE SIDE AND THAT OF THE OTHER HEALTH PROFESSIONS ON THE OTHER SIDE SHOULD BE NEWLY DEFINED. THE TRANSFER OF MORE TECHNICAL TASKS AND SERVICES, WHICH HAVE HITHERTO BEEN RESERVED TO THE PHYSICIAN, TO OTHER PROFESSIONS EITHER UNDER MEDICAL RESPONSIBILITY OR BY EXPANDING THE SCOPE OF RESPONSIBILITY OF THE OTHER OR NEW PROFESSIONS IS BEING DISCUSSED. THIS IMPLIES THE FURTHER DEVELOPMENT OF TRAINING CURRICULA AND EXAMINATION OF REQUIREMENTS FOR THE GENERAL LEVEL OF EDUCATION.

8. ALL DISCUSSIONS DEALING WITH ORGANIZATION, TASKS AND METHODS OF HEALTH CARE MUST BE ORIENTED TOWARDS THE CITIZEN AND PATIENT. THE CITIZEN AS CLIENT AND AS CONSUMER OF HEALTH SERVICES MUST PLAY A MORE ACTIVE PART WHEN MATTERS OF PLANNING, IMPLEMENTATION, AND EVALUATION OF HEALTH CARE ARE INVOLVED. FIRST, HE NEEDS TO BE BETTER INFORMED. AN UNDERSTANDING OF THE PUBLIC REGARDING THE OBJECTIVES AND PROBLEMS, THE FUNCTIONS AND METHODS IS AN INDISPENSABLE PREREQUISITE FOR ANY FURTHER DEVELOPMENT OF HEALTH SERVICES. ONLY THROUGH AN ACTIVE PARTNERSHIP WITH THE PATIENT WILL THE HEALTH SERVICES AND THE INDIVIDUAL PHYSICIAN BE ABLE TO CARRY OUT THEIR TASKS IN AN EFFICIENT MANNER. THIS WILL BE THE STARTING POINT OF HEALTH INFORMATION AND HEALTH EDUCATION.

B. RECOMMENDATIONS

THE PROJECT GROUP RECOMMENDS CONTINUING INTERNATIONAL COOPERATION ON ORGANIZED AMBULATORY HEALTH SERVICES, UNCLASSIFIED

PAGE 05 STATE 045776

PARTICULARLY IN THE FOLLOWING PROBLEM AREAS:

1. FURTHER DEVELOPMENT OF THE ORGANIZATIONAL STRUCTURE AND OF THE TASKS AND METHODS OF AMBULATORY HEALTH CARE.

STAFF AND FINANCING PROBLEMS.

EFFICIENCY CONTROL.

2. APPLICATION OF ADVANCED MEDICAL TECHNOLOGY FOR OPTIMIZATION OF AMBULATORY CARE.

ORGANIZED LABORATORY SERVICES, MEDICO-TECHNOLOGICAL CENTERS.

DEVELOPMENT AND EVALUATION OF STANDARD TEST PROGRAMS FOR MASS SCREENING.

3. NEW DISTRIBUTION OF TASKS AMONG THE HEALTH PROFESSIONS.

NEW PROFESSIONAL PATTERNS AND REARRANGEMENT OF TRAINING CURRICULA.

NEW DIFFERENTIATION OF RESPONSIBILITIES BETWEEN PHYSICIANS AND OTHER HEALTH PROFESSIONALS.

4. RATIONALIZATION OF AMBULATORY CARE BY REDRAFTING ANAMNESIS QUESTIONNAIRES AND MEDICAL RECORDS.

IT IS RECOMMENDED THAT THE APPROPRIATE NATIONAL MINISTRIES OF HEALTH:

1. ESTABLISH AN INFORMATION EXCHANGE PROGRAM DESIGNED TO FACILITATE THE TIMELY DISSEMINATION OF CURRENT INFORMATION ON INITIATIVES REGARDING ORGANIZED AMBULATORY HEALTH SERVICES WITHIN THE PARTICIPATING NATIONS BY:

UNCLASSIFIED

PAGE 06 STATE 045776

(A) APPOINTING A LIAISON OFFICER IN EACH MINISTRY OF HEALTH TO BE RESPONSIBLE FOR ASSEMBLING AND PREPARING MATERIALS REQUIRED FOR THE EFFECTIVE FUNCTIONING OF THE INFORMATION EXCHANGE PROGRAM.

(B) HOLDING A BIENNIAL MEETING OF REPRESENTATIVES OF PARTICIPATING COUNTRIES, WITH AN INVITATION TO WHO, OECD, AND THE COUNCIL OF EUROPE TO PARTICIPATE, TO REPORT AND ANALYZE ON A COMMON CONCEPTUAL BASIS NEW DEVELOPMENTS IN HEALTH SERVICES LEGISLATION AND ADMINISTRATION. SUCH MEETING SHOULD BE HOSTED AMONG THE PARTICIPATING COUNTRIES ON A ROTATING BASIS.

(C) DESIGNATING ON A ROTATING BASIS THROUGH SELECTION AT THE BIENNIAL MEETINGS A COORDINATOR FROM AMONG THE PERMANENT LIAISON OFFICERS. SUCH PERSON WOULD OVERSEE AND FACILITATE THE DISSEMINATION OF OFFICIAL DOCUMENTS AND EXPLANATIONS OF NEW FEDERAL/NATIONAL AND STATE/REGIONAL LEGISLATION AND ADMINISTRATIVE DIRECTIVES ON PLANNING, FINANCING, ORGANIZATION, AND ADMINISTRATION OF HEALTH SERVICES, RESEARCH FINDINGS, PROGRAM DESCRIPTIONS, AND STATISTICAL EVALUATIONS. THE COORDINATOR WOULD FACILITATE CONTACTS BETWEEN PARTICIPATING MINISTRIES.

2. MUTUALLY EXAMINE THE EFFECTIVENESS AND APPLICABILITY OF ALL EXISTING PROGRAMS RELEVANT TO AMBULATORY HEALTH SERVICES TO DEVELOP A SET OF GUIDELINES FOR THE OPTIMUM OPERATION AND ADMINISTRATION OF AMBULATORY HEALTH SERVICES PROGRAMS.

3. INITIATE PROGRAMS TO EDUCATE, TRAIN, INFORM, AND INCREASE THE AWARENESS OF STATE/REGIONAL GOVERNMENT OFFICIALS WITH RESPECT TO ORGANIZED AMBULATORY HEALTH SERVICES PROGRAMS.

4. INITIATE PROGRAMS TO EDUCATE AND INCREASE

THE AWARENESS OF THE GENERAL PUBLIC OF THE BENE-
UNCLASSIFIED

PAGE 07 STATE 045776

FITS OF ORGANIZED AMBULATORY HEALTH SERVICES PROGRAMS.

5. WORK TO ESTABLISH NATIONAL PROGRAMS TO BE SURE
FULL CONSIDERATION OF ORGANIZED AMBULATORY HEALTH
SERVICES REQUIREMENTS IN THE PLANNING OF NEW URBAN
DEVELOPMENTS. KISSINGER

UNCLASSIFIED

<< END OF DOCUMENT >>

Message Attributes

Automatic Decaptioning: X
Capture Date: 26 AUG 1999
Channel Indicators: n/a
Current Classification: UNCLASSIFIED
Concepts: PUBLIC HEALTH, FOREIGN POLICY POSITION
Control Number: n/a
Copy: SINGLE
Draft Date: 28 FEB 1975
Decaption Date: 01 JAN 1960
Decaption Note:
Disposition Action: n/a
Disposition Approved on Date:
Disposition Authority: n/a
Disposition Case Number: n/a
Disposition Comment:
Disposition Date: 01 JAN 1960
Disposition Event:
Disposition History: n/a
Disposition Reason:
Disposition Remarks:
Document Number: 1975STATE045776
Document Source: ADS
Document Unique ID: 00
Drafter: EPA/(CCMS): AEPALOLOGOS
Enclosure: n/a
Executive Order: N/A
Errors: n/a
Film Number: D750071-0936
From: STATE
Handling Restrictions: n/a
Image Path:
ISecure: 1
Legacy Key: link1975/newtext/t19750287/baaaagsu.tel
Line Count: 284
Locator: TEXT ON-LINE, TEXT ON MICROFILM
Office: ORIGIN EPA
Original Classification: UNCLASSIFIED
Original Handling Restrictions: n/a
Original Previous Classification: n/a
Original Previous Handling Restrictions: n/a
Page Count: 6
Previous Channel Indicators:
Previous Classification: n/a
Previous Handling Restrictions: n/a
Reference: n/a
Review Action: RELEASED, APPROVED
Review Authority: ElyME
Review Comment: n/a
Review Content Flags: ANOMALY
Review Date: 22 MAY 2003
Review Event:
Review Exemptions: n/a
Review History: RELEASED <22 MAY 2003 by BrownAM>; APPROVED <16 JAN 2004 by ElyME>
Review Markings:

Margaret P. Grafeld
Declassified/Released
US Department of State
EO Systematic Review
05 JUL 2006

Review Media Identifier:
Review Referrals: n/a
Review Release Date: n/a
Review Release Event: n/a
Review Transfer Date:
Review Withdrawn Fields: n/a
Secure: OPEN
Status: NATIVE
Subject: n/a
TAGS: SENV, US, CCMS
To: BONN INFO NATO
Type: TE
Markings: Margaret P. Grafeld Declassified/Released US Department of State EO Systematic Review 05 JUL 2006